DELINEATION OF PRIVILEGES - SURGERY

For use of this form, see AR 40-68; the proponent agency is OTSG (DA Form 5440A-R Must be Completed and Attached to this Form)

REQUESTED BY	DATE
	Í

Eligibility to perform hospital surgical procedures must be based on an individual's education, training, and demonstrated competency. Surgical privileges are divided into four major categories:

Category I. Privileges in this category are for uncomplicated surgical illness or problems which present no serious threat to life. When doubt exists as to the diagnosis or in cases in which improvement from treatment is not soon apparent, consultation will be sought.

Category I privileges may be granted to physicians without formal surgical training based on documented evidence that such privileges have been previously and successfully exercised.

Examples: Excision of cyst Removal of foreign body by speculum, forceps, or superficial incision

Incision and draining of abscess Suture of laceration (simple)

Muscle biopsy Excision biopsy of skin or subcutaneous tumor Evacuation of thrombosed hemorrhoid Cut down, intravenous or intra-arterial

Other minor conditions and procedures of similar scope and complexity as the above in the surgical specialties.

Category II. Privileges in this category include those in Category I plus specific surgical conditions and procedures of increased scope and complexity and that may require general or conductive anesthesia, but which do not constitute an immediate or serious threat to life.

Practitioners with these privileges are expected to request consultation where expected improvement is not soon apparent and when specialized therapeutic or diagnostic techniques are indicated.

Category II privileges may be granted to those practitioners who have satisfactorily completed at least one year post-internship formal training in surgery or whose skills have been gained and maintained through experience.

Examples: Breast biopsy Varicose vein ligation (superficial)

Hemorrhoidectomy
Drainage, deep ischio-rectal abscess
Simple closed fracture management
Pilonidal cyst excision/marsupialization
Split thickness skin graft, small areas
Treatment of closed dislocations

Other specific privileges similar to the above in scope and complexity.

Category III. Privileges in this category include those in Categories I and II plus those associated with complex or severe illness or general surgical problems and those with immediate or serious threat to life. Physicians with these privileges may act as consultants to others and may, in turn, be expected to request consultation when:

- a. The diagnosis and/or management remains in doubt over an unduly long period of time, especially in the presence of a life-threatening illness.
 - b. Unexpected complications arise which are outside this level of competence.
 - c. Specialized treatments or procedures are contemplated with which they are not familiar.

Category III practitioners are expected to have training and/or experience and competence on a level commensurate with that provided by specialty training and (except under unusual circumstances as determined by the Credentials Committee) sufficient to attain eligibility for board certification.

Examples: Appendectomy Hernia repair (inguinal, umbilical)

Exploratory laparotomy Ligation (high) stripping of varicose veins

Gastic and bowel resection Wide excision and graft for malignant skin tumor

Biliary tract surgery

Abdominoperineal resection

Lymph node dissection

Biliary tract surgery

Diaphragmatic hernia

Surgery of the adrenal glands

Thyroidectomy Sympathectomy

Mastectomy, simple and radical Cysts and tumors of neck, including salivary glands

Other specific privileges similar to the above in scope and complexity.

Category IV. Privileges in this category include those in Category I, II, and III to the extent that qualification criteria are met, plus those associated with illnesses and surgical problems requiring an unusual degree of expertise and competence. Practitioners with these privileges have the highest level of competence within a given field and are qualified to act as consultants and should, in turn, request consultation from within or from outside the hospital staff whenever needed.

Practitioners with these privileges are expected to have training and experience considered appropriate for a subspecialist and (except under unusual circumstances as determined by the Credential Committee), sufficient to attain eligibility for subspecialty board certification.

Examples: Surgical subspecialties.

то	RM ASSIST	PRIVILEGES	RECOMMENDATIONS BY DEPT/SVS CHIEF				
PERFORM SURGERY			APPRD. WITHOUT LIMITATION	QUAL ASSISTANT REQUIRED	MAY ASSIST ONLY	NOT APPRD	
		a. General surgery					
		b. Cardiac surgery					
		c. Orthopedics					
		d. Otolaryngology					
		e. Ophthalmology					
		f. Neurosurgery					
		g. Plastic surgery					
		h. Thoracic surgery					
		i. Urology					
		j. Vascular surgery					

то	то	ASSIST PRIVILEGES	RECOMMENDATIONS BY DEPT/SVS CHIEF			
PERFORM SURGERY	ASSIST AT SURGERY		APPRD. WITHOUT LIMITATION	QUAL ASSISTANT REQUIRED	MAY ASSIST ONLY	NOT APPRD
		k. Colo-rectal surgery				
		I. 1/Gastrointestinal endoscopy (Specify type of endoscopic procedures(s))				
		m. 2/Diagnostic/therapeutic radiology (Specify)				
		Other (Specify)				
Category	Requested:	,				
	Category	I				
Exceptions	s (Recomme	ended by Department Chief)				
				Г		
Additional	Privileges (Specify)				
	Category	II.				
Exceptions (Recommended by Department Chief)						
Additional	Privileges (Specify)				
-						
	Category	III				
Exceptions (Recommended by Department Chief)						
Additional	Privileges (Specify)				
	Category	IV				
Exceptions (Recommended by Department Chief)						
Additional	Privileges (Specify)				
1/ =						

^{1/2} Documented and/or demonstrated competence is necessary.
2/2 Requires special qualifications of training and experience in equipment use and in the interpretation of results.